

**The following is checklist to assist in the predeployment phase of your processing. All forms mentioned below can be obtained from the UDC Website.**

**PREDEPLOYMENT TRAINING (Should be completed within one week after notification of assignment):**

\_\_\_\_\_ TSIRT Training Checklist

**ADMINISTRATIVE (Should be accomplished within one week after notification of assignment)**

\_\_\_\_\_ DD Form 93 Record of Emergency

\_\_\_\_\_ UDC Clothing Issuance Form

\_\_\_\_\_ Itinerary, to include flights and hotel. (Must be submitted within two weeks of reporting to the UDC). Itinerary must include flights to Dulles and onward to Kuwait.

\_\_\_\_\_ Call 888-436-5466 or 800-622-6990 for pick-up at Dulles Airport and transportation to Winchester. Please let you APPO representative know if you do not require this service.

**INFORMATION MANAGEMENT (Within two weeks after notification of assignment)**

\_\_\_\_\_ Ensure you have a valid AKO Account and **KNOW YOUR USER NAME/ PASSWORD.**

**MEDICAL (Medical appointments should be made within 48 hours after notification of your assignment) Ensure you print off this part of your checklist and take it with you to your doctor to ensure all medical tests are completed.**

**MEDICAL FORMS**

\_\_\_\_\_ DD Form 2808, Report of Medical Exam

\_\_\_\_\_ DD Form 2807-1, Report of Medical History

\_\_\_\_\_ DD Form 2795, (needs to be filled out electronically through AKO).

\_\_\_\_\_ DD Form 2813, Report of Dental Exam

\_\_\_\_\_ DD Form 771, Eyewear Prescription. If you do not require glasses, write at the bottom of the form, "glasses not required"

\_\_\_\_\_ OSHA Respiratory Medical Evaluation Questionnaire

**LABS:**

\_\_\_\_\_ Urinalysis (Routine), not a drug screening

\_\_\_\_\_ Chem 7

\_\_\_\_\_ CBC

\_\_\_\_\_ LIPID Profile (over 40 years of age)

\_\_\_\_\_ G6PD (must have a normal result with taking anti-malaria medication)

\_\_\_\_\_ Blood Type/RH

\_\_\_\_\_ HIV

\_\_\_\_\_ DNA on File (Not always possible)

**OTHER REQUIRED TESTS:**

\_\_\_\_\_ EKG (if over 40 years of age).

\_\_\_\_\_ Audiogram (Can be annotated on the DD Form 2808

Females

\_\_\_\_\_ \*PAP smear (within one year).

\_\_\_\_\_ \*Mammogram (within two years if over 40 and within one year if over 50).

\_\_\_\_\_ Pregnancy test or waiver required upon arrival at the UDC.

**IMMUNIZATIONS**

\_\_\_\_\_ ANTHRAX

\_\_\_\_\_ HEPATITIS A

\_\_\_\_\_ HEPATITIS B

\_\_\_\_\_ INFLUENZA

\_\_\_\_\_ MMR (Measles, Mumps, Rubella) (As an adult, once in a lifetime). People born before 1957 do not require a MMR vaccine. MMR should be given either simultaneously or 30 days before receiving anticipated smallpox vaccination.

\_\_\_\_\_ POLIO (oral or IM) (As an adult, once in a lifetime)

\_\_\_\_\_ SMALLPOX (Administration per the latest DoD Guidance) required every 10 years. Must complete [Smallpox Vaccination Pre-Screening Form](#) and have it reviewed by a Health Care Provider at the UDC site prior to receiving immunization.

\_\_\_\_\_ TETANUS / DIPHTHERIA

\_\_\_\_\_ TUBERCULIN SKIN TEST (PPD)

\_\_\_\_\_ TYPHOID